

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592918

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				2		
6				1		
7				—		
8			1			
9			1			
10			1			
11			1			
12				4		
13			1			
14				1		
15				1		
16				1		
17				2		
18				1		
19				—		
20				—		
21				4		
22				4		
23				4		
24				4		
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						